

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

APPROVED  
AND  
FILED

02 AUG 30 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V41067**

1. Corporation Name

**Tires Galore Inc.**

400007732304--2  
-09/13/02--01044--006  
\*\*\*\*450.00 \*\*\*\*450.00

2. Principal Office Address

**410 N State Road 7**

Suite, Apt. #, etc.

3. Mailing Office Address

**2255 Crippen Court #48**

Suite, Apt. #, etc.

**48**

4. Date Incorporated or Qualified  
To Do Business in Florida

City & State

**Hollywood Florida**

City & State

**West Melbourne, FL**

5. FEI Number

**65-0341952**

Applied For

Not Applicable

Zip

**33021**

Country

**USA**

Zip

**32904**

Country

**USA**

6. CERTIFICATE OF STATUS DESIRED ☒

**7. Name and Address of Current Registered Agent**

Name

**Kenneth OKeefe**

Street Address (P.O. Box Number is Not Acceptable)

**1620 N. Ocean Blvd #1109**

Suite, Apt. #, Etc.

City

**Pompano Beach**

State

**FL**

Zip Code

**33062**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| Pres   | Kenneth OKeefe                       | 1620 N Ocean Blvd #1109                           | Pompano Beach, FL 33062 |
| VPres  | Patrice OKeefe                       | " " " "   | " " "                   |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

**Kenneth OKeefe**

**Kenneth OKeefe**  
**President**

**8/25/02 (519) 728-3337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# **CASSIDY ACCOUNTING SERVICE**

2255 CRIPPEN COURT #48  
WEST MELBOURNE, FL 32904  
(321) 728-6674  
CASSIDYTAXES1@CS.COM

*August 25, 2002*

*Florida Department of State  
Divisions of Corporations  
Reinstatement  
409 E Gaines Street  
Tallahassee, FL 32399*

*To the Secretary of State, Jim Smith:*

*Attached please find a reinstatement application along with appropriate fee for Tires Galore Inc., Document number V41067.*

*We had no idea that the corporation had been dissolved because the address was incorrect on the form. It had read 1470 N Federal Highway, Pompano Beach, Florida and that business is no longer owned and operated by Mr. O'Keefe.*

*We respectfully request that reinstatement be made and that a Certificate of Status be sent to us. Thank you in advance for your attention to this matter.*

*Yours truly,*



*Karen F. Cassidy EA  
Accountant for Tires Galore Inc.*